

<i>SERFF Tracking Number:</i>	<i>NYLX-126012569</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41429</i>
<i>Company Tracking Number:</i>	<i>LTCAR0024901A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0024901A01</i>		

Filing at a Glance

Company: New York Life Insurance Company	
Product Name: CP Adv Natl Cons - Prod Spec	SERFF Tr Num: NYLX-126012569 State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed State Tr Num: 41429
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTCAR0024901A01 State Status: Filed-Closed
Filing Type: Advertisement	Co Status: Reviewer(s): Marie Bennett
	Author: SPI NewYorkLifeInsCoLTC Disposition Date: 02/04/2009
	Date Submitted: 01/29/2009 Disposition Status: Filed
Implementation Date Requested:	Implementation Date:
State Filing Description:	

General Information

Project Name: CP Adv Natl Cons - Prod Spec	Status of Filing in Domicile:
Project Number: LTCAR0024901A01	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/04/2009	
State Status Changed: 02/04/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
January 29, 2009	

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

SERFF Tracking Number: *NYLX-126012569* *State:* *Arkansas*
Filing Company: *New York Life Insurance Company* *State Tracking Number:* *41429*
Company Tracking Number: *LTCAR0024901A01*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *CP Adv Natl Cons - Prod Spec*
Project Name/Number: *CP Adv Natl Cons - Prod Spec/LTCAR0024901A01*

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 382410CV

Dear Mr. Shields,

The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.

We consider this advertising form an institutional advertisement about long-term care and choosing a quality insurance company. It is a product specific concept paper that will be available as an informational handout to prospects, clients and businesses distributed by our agents or the Company directly.

Bracketed information is considered variable, as we would like to update the source and rating information as new information becomes available without having to re-file the form.

We want to have the right to use this piece in other format or media including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Senior Contract Compliance Associate

SERFF Tracking Number: NYLX-126012569 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 41429
 Company Tracking Number: LTCAR0024901A01
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: CP Adv Natl Cons - Prod Spec
 Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024901A01

Attachment(s)

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com
 Associate
 6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]
 Austin, TX 78730-5006 (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
 6200 Bridge Point Parkway Suite 400 Group Code: 826 Company Type:
 Austin, TX 78730 Group Name: State ID Number:
 (512) 703-5555 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$25.00	01/29/2009	25354532

<i>SERFF Tracking Number:</i>	<i>NYLX-126012569</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41429</i>
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<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0024901A01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	02/04/2009	02/04/2009

<i>SERFF Tracking Number:</i>	<i>NYLX-126012569</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 02/04/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-126012569	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	41429
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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Cvr Ltr, AR NAIC Trans, AR Fee Sched Form		Yes
Form	MCP Concept Paper		Yes

SERFF Tracking Number:	NYLX-126012569	State:	Arkansas
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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	382410CV	Advertising	MCP Concept Paper	Initial			382410CV.PDF



Long-Term Care Insurance from New York Life Insurance Company

The Company You Keep®

A Quality Company To Help Protect Your Quality Of Life

*Because You Have
So Much To Protect*

*Your
Family...*

*Your
Lifestyle...*

*Your
Dignity...*

*Your
Financial Independence...*

You've worked hard to get where you are today. And chances are, you have a good idea about the kind of life you'd like to lead 10, 20...even 30 years from now. But no matter how carefully you plan, and how much money you set aside, there's no way to know exactly what the future has in store.

The fact is, not all of us will be able to maintain a healthy, active lifestyle, and may – at some time or another – need the kind of daily assistance that long-term care insurance coverage provides.

What Is Long-Term Care Insurance?

Much like auto, home or life insurance, long-term care insurance policies are designed to reimburse a predetermined benefit should something unfortunate happen. In this case, the benefit will help cover the costs for the physical care and day-to-day living assistance you may need if confronted by a lengthy illness, severe accident, or effects of aging.

Given the rising cost - and demand - for these services, a long-term care insurance policy may help contribute to the financial independence, security and peace-of-mind of those who want to protect their assets, and future quality of life.

Levels Of Care	Examples Of Service Covered
In-Home Care by Family & Friends	Respite For Family Caregiver, Medical Equipment
Home Health Care	Home Health Aides, Visiting Nurses, Homemakers
Community Care	Adult Day Care
Assisted Living	Custodial Care, Medication Management
Nursing Facility	Skilled Nursing, Intermediate & Custodial Care



What Kind Of Services Are Covered?

Since aging is a gradual process, it's unlikely that you will suddenly wake up one day needing nursing home care. Instead, most people go through several stages of care; a progression that begins with in-home care and may—or may not—lead to a skilled nursing facility. In between, there are a host of services available to help the policyholder and their family members enjoy as much independence as possible. A quality long-term care insurance policy will take this into account, and be ready to help ease the transition from one stage of care to another.



It may be cheaper to pay long-term care insurance premiums than to set aside enough funds to cover the cost of care due to a chronic illness. With a long-term care insurance policy in place, the funds you would have had to set aside as a reserve to pay for potential long-term care services may now be available to use elsewhere or pass along as a gift to your children or grandchildren.

Misconception On Government

Aid and Health Insurance: Many consumers believe they already have protection, however private health plans offer limited protection for nursing facility care services and Medicare pays only for temporary care required after hospitalization.

Medicaid may be available to individuals who meet strict state and federal income and asset requirements, but Medicaid is not intended as a long-term care funding entitlement. Many people who need long-term care may not qualify for Medicaid assistance.¹

Reduce The Stress On Your Loved

Ones: Having a relative in need of long-term care may place stress on the family – physically, emotionally and financially. In many cases, a spouse or child becomes the caregiver for their loved one. Others may provide financial support for needed services out of their own pocket. Either way, the impact may be substantial.



Often family members may place their careers on hold while caring for a loved one, or cut back on the number of hours worked. And, as a result of the physical and emotional demands they face, caregivers may experience a decline in their own health as well.

¹ National Association of Insurance Commissioners. A Shopper's Guide to Long-Term Care Insurance. [Page 5, 2006].

How Much Can I Expect To Pay?

The price of long-term care insurance varies greatly, depending on your age, benefits you choose, and the underwriting company. While you may not want to buy the most expensive plan on the market, history has shown that you should be wary of low-cost plans. Since rates on long-term care insurance products are not guaranteed, some companies may offer a lower price now - only to raise the premiums later according to policy provisions.

You should always examine the financial standing, ratings, and rate history of any company offering these products, and make sure you are dealing with a reputable company that may be less likely to raise your premiums.

Am I Too Young To Think About Long-Term Care Insurance?

Long-term care insurance makes as much sense for people in their forties and fifties, as it does for people who are retired. Here's why.

The High Cost Of Waiting: Like life insurance, the premiums on long-term care insurance policies are based in part on your age at the time of purchase, and are therefore generally less expensive the earlier you buy.

Higher Likelihood Of Un-Insurability: The longer you wait to secure coverage, the greater the chance that a health problem may develop that could make your coverage more expensive – or difficult to obtain.

An Early Need: Accidents and illnesses can occur at any time, at any age, to anyone. It's important to have your plan in place before the unexpected happens.

Long-Term Care Insurance Make Sense For:

- Working families who want to protect their lifestyle and assets.
- Retirees & pre-retirees who want to preserve their nest egg and financial independence.
- Concerned parents who don't want to become a physical or financial strain to their children.
- Adult children who want to make sure their elderly parents receive the quality care they deserve.
- People who want to take control of their future.



9 Questions Evaluating Your Long-Term Care Insurance Purchase



1. Is the issuing company a member of the Fortune 500 or other reputable corporate listing?

☐ Yes ☐ No

New York Life is ranked number [82] on the Fortune 500 corporate list.²

2. How long has the company been in business?

New York Life has been in business for more than [160] years and in the long-term care insurance business since 1988.

3. Has the insurance company raised its premiums on existing long-term care insurance policies?

☐ Yes (At What Rate Of Increase?): _____
☐ No

New York Life has never increased rates on in-force policyholders.³

4. Is the company a mutual company or a stock company?

☐ Mutual ☐ Stock

New York Life is a mutual company. That means that we are owned by our policyholders, not shareholders. Our mutual form of ownership keeps us uniquely aligned with our policyholders.

5. Does the policy pay for skilled, intermediate and custodial care?

New York Life's long-term care insurance policies include skilled, intermediate and custodial care at no additional premium.

6. What kind of facilities and services are covered?

☐ In-Home Care ☐ Assisted Living Facility
☐ Respite Services ☐ Skilled Care In A
Adult Day Care Nursing Facility
☐ Hospice Care

Coverage for all of these facilities and services is available with New York Life's long-term care insurance policies.

7. Does the policy give you a choice of benefits for home health care?

☐ Yes ☐ No

New York Life's long-term care insurance policy does offer coverage for home health care services. These services can include in-home skilled care, informal care by friends and family, community based care such as adult day care, and homemaker services.

8. Does the policy offer choices of inflation protection options?

☐ Yes ☐ No

New York Life's long-term care insurance policies offer a variety of inflation protection options from the traditional fixed increase options to our unique variable benefit increase options. (Available for an additional premium.)

9. Does the policy offer a choice of maximum lifetime or daily benefits?

☐ Yes (List Maximums Offered): _____
☐ No

*New York Life does offer a wide range of maximum daily benefits from 2 years to **unlimited** to meet your individual needs.*

² Fortune Magazine. Fortune 500 List, [May 5, 2008].

³ While our past history does not guarantee that rates will not need to be increased in the future, we have designed, priced and underwritten our policies with future rate stability in mind.



Why Should I Consider New York Life?

When comparing long-term care insurance policies, one of the most important factors to consider is the quality of the company providing your coverage. This is particularly true when you realize that – unlike health insurance – long-term care insurance is often purchased for an event that may be 20, 30 ...possibly even 40 years away. That's why it's essential you make sure that the company you select to help protect your future will be there when you need them.

Here are just a few reasons why New York Life would make an excellent choice:

History & Experience: As one of America's oldest and most stable insurers, New York Life understands how to plan for the future and to assess the risks to our policyholders and company. In fact, we've helped protect America's families since 1845, and have honored our obligations through two World Wars, The Great Depression, several recessions and countless natural disasters.

Financial Strength: New York Life remains a fixture in the Fortune 100 ranking of largest companies by revenue, and continues to receive among the highest ratings for financial strength from the leading independent rating services: A.M. Best, Fitch, Standard & Poor's and Moody's.⁴

Mutuality: While several other insurance companies have elected to go public, New York Life remains steadfastly mutual. Why? By remaining a mutual insurance company, we may continue to manage for the long term, instead of the quarter-to-quarter orientation often demanded by stockholders. Most importantly, this commitment to mutuality tells our policyholders that they are – and always will be – our first priority.

Flexibility: At New York Life, our long-term care insurance is as flexible as it is comprehensive. While our base plan covers a wide range of services, we also give you the freedom to personalize your coverage based on individual needs and preferences.

Innovative Features & Options: As a leader in the insurance industry, New York Life allows policyholders to select from a variety of features and riders. We've even developed an alternative to traditional inflation protection options. New York Life's CPI-U Benefit Increase Offer, available as a rider (for an additional premium), increases the policy benefits using an inflation factor determined by the Consumer Price Index for Urban Measures. You have the flexibility to decide each year if you want to accept the increase and the corresponding benefit and premium increases. It's your choice.

⁴ New York Life Insurance Company & New York Life Insurance and Annuity Corporation; [A+++] from A.M. Best [(Rating Affirmed March, 2008)], [Aaa] from Moody's [(Rating Affirmed September, 2008)], [AAA] from Standard and Poor's [(Rating Affirmed August, 2008)], [AAA] from Fitch [(Rating Affirmed September, 2008)] for financial strength.



New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

Long-Term Care Insurance Division
6200 Bridge Point Parkway, Suite 400
Austin, TX 78730

www.newyorklifeltc.com

The purpose of this brochure is solicitation of insurance. An insurance agent may contact you.

New York Life Insurance Company's long-term care insurance is issued on policy form series [ILTC-5000,] [INH-5000,] [FLTC-5000] [and] [FNH-5000] with a state identifier and edition date. [Examples: ILTC-5000 (ID) (1001) and INH-5000 (ID) (1001) for Idaho, ILTC-5000 (NC) (1001) (Rev. 0606) and INH-5000 (NC) (1001) (Rev. 0606) for North Carolina, ILTC-5000 (PA) (1001) and FLTC-5000 MLP (PA) (0503) for Pennsylvania, ILTC-5000 (TN) (1001) and INH-5000 (TN) (1001) for Tennessee, ILTC-5000 (TX) (0305) and INH-5000 (TX) (0305) for Texas.]

The policies contain some benefit eligibility restrictions, other limitations and exclusions, as well as terms under which the policies can be continued in force or discontinued, that are common in the industry. Policy benefits are subject to daily as well as lifetime maximum benefits. Benefit eligibility is contingent on a chronic illness certification and a written plan of care. The provider must be an eligible provider for the qualified long-term care and services being provided. The policy may not cover all expenses for long-term care needs. It is advisable to review the outline of coverage and the issued policy for specific details. For costs and complete details of the coverage, call or write your insurance producer or the company.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-126012569	State:	Arkansas
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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	AR Cvr Ltr, AR NAIC Trans, AR Fee Sched Form	01/29/2009

Comments:

Attachments:

AR Cvr Ltr.PDF
AR NAIC Trans.PDF
AR Fee Sched Form.PDF



New York Life Insurance Company

Long-Term Care Division

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800--723-5555 x 5584

Fax: 512-703-5564

E-mail: sbyrnes@newyorklifeltc.com

Susan Byrnes

Senior Contracts and Compliance Associate

January 29, 2009

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 382410CV

Dear Mr. Shields,

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To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

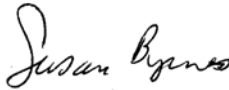
A handwritten signature in cursive script that reads "Susan Byrnes".


Susan Byrnes
Senior Contract Compliance Associate

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
N/A							
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #		Fax #	E-mail Address		
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584		512-703-5575	sbyrnes@newyorklifeltc.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	382410CV					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Group</div> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Advertising </div> </div> <div style="margin-top: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-top: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div style="margin-top: 10px;"> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date	January 29, 2008	
13.	Filing Fee (If required)	Amount <u>\$25.00</u> Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date <u>EFT</u> Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.</p> <p>We consider this advertising form an institutional advertisement about long-term care and choosing a quality insurance company. It is a product specific concept paper that will be available as an informational handout to prospects, clients and businesses distributed by our agents or the Company directly.</p> <p>Bracketed information is considered variable, as we would like to update the source and rating information as new information becomes available without having to re-file the form.</p> <p>We want to have the right to use this piece in other format or media including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p></p> <p>Susan Byrnes Senior Contract Compliance Associate</p> <p>Attachment(s)</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature  Date <u>January 29, 2009</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	MCP Concept Paper Advertising	382410CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A
			<input type="checkbox"/> Initial	N/A
15			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
17			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
18			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
21			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	N/A
22			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
23			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
24			<input type="checkbox"/> Revised	N N/A
			<input type="checkbox"/> Other _____	N/A /A
25			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
26			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

LH-FFA-2

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			%	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1



ARKANSAS INSURANCE DEPARTMENT

Mike Pickens
Commissioner

1200 West Third Street
Little Rock, AR 77201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: New York Life Insurance Company

Company NAIC Code: 66915

Company Contact Person & Telephone # Susan Byrnes, 1-800-723-5555, ext. 5584

INSURANCE DEPARTMENT USE ONLY

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and /or Disability policy form filing
and review, per each policy, contract, annuity
form, per each insurer, per each filing.

* _____ x\$ 50= _____

**Retaliatory _____

Life and/or Disability - Filing and review of
each rate filing or loss ratio guarantee filing
per each insurer.

* _____ x\$ 50= _____

**Retaliatory _____

Life and/or Disability Policy, Contract or
Annuity Forms: Filing and review of each
certificate, rider, endorsement or application
if each is filed separately from the basic form.

* _____ x\$ 20= _____

**Retaliatory _____

Life and/or Disability: Filing and review of
Insurer's advertisements, per advertisement, per
each insurer.

* 1 _____ x\$ 25=\$25.00

**Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an
Insurer's Certificate of Authority.

* _____ x\$400= _____

Filing to amend Certificate of Authority.

** _____ x\$100= _____

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS AOUTLINED UNDER
RULE AND REGULATION 57.

** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER
ARK. CODE ANN. 23-65-102, RETALIATORY TAX.

*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401